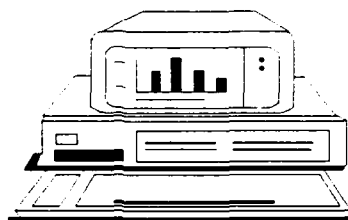


AD-A252 388



ALCOHOL, OTHER DRUGS, AND OBESITY

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ELECTE
JUN 30 1992
S A D



PLAN-OF-THE-DAY NOTES

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BUREAU OF NAVAL PERSONNEL
PERS 634
WASHINGTON DC 20370-5630
MAY 1992





DEPARTMENT OF THE NAVY
BUREAU OF NAVAL PERSONNEL
WASHINGTON, D.C. 20370-5000

IN REPLY REFER TO
5350
Ser 6341
11 MAY 1992

MEMORANDUM FOR ALL COMMANDERS, COMMANDING OFFICERS AND OFFICERS-
IN-CHARGE

Subj: ALCOHOL AND OTHER DRUG PLAN-OF-THE-DAY NOTES

Ref: (a) OPNAVINST 5350.4 Series

1. Reference (a) charges your command Drug and Alcohol Program Advisor (DAPA) to coordinate or assist in the presentation of alcohol and other drug abuse awareness education. An effective information program is essential to all prevention efforts. One element of that information program should include frequent publication of alcohol and other drug abuse material in the local news media, be it Plan-Of-The-Day (POD) or base/ship newspaper.

2. This pamphlet is provided for you to pass to your DAPA to assist him or her in getting the message out. It is not meant to be all inclusive or restrictive. Many creative DAPA's are already doing a fine job of awareness education. This pamphlet is intended to be an aid to the over-burdened or collateral duty DAPA who just doesn't seem to have enough hours in the day to get everything done.

3. If you or your DAPA would like extra copies of this pamphlet, have any questions about it, or would like to contribute more POD notes for a subsequent printing, please feel free to contact this office. Our address is: Bureau of Naval Personnel, Pers-63, Washington DC 20370-5630. Our telephone numbers are: commercial, 703-614-8008 or DSN 224-8008.

J. W. HART
J. W. HART

Captain, U.S. Navy
Director, Navy Drug and Alcohol
Program Division (Pers-63)

Distribution:
SNDL Parts 1 and 2
(less Marine Corps)

Statement A per telecon Eleanor Cook
Bureau of Naval Personnel PERS 63
Washington, DC 20370-5630

NWW 6/24/92

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PLAN-OF THE-DAY NOTES

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PREVENTION

SOME WAYS TO SAY NO TO ALCOHOL:

**No thanks; I feel good enough already.
**Sorry, my analyst won't let me.
**I can't because I get high on grape juice.
**Not now--I'm testing my will power.
**What I'd really like is a soda.
**No thanks; I want a clear head to appreciate you fully.
**Sorry, I'm counting calories.
**Not now; the party's wild enough as it is.
**Sorry, I never drink on Monday (or whatever day it is).
**No thanks; I'm on the wagon.
**Sorry, I promised _____ I wouldn't.
**No thanks, I prefer to watch.
**No thanks; _____ can't stand me any more silly than I am.
**Not now--I'm back-seat driving.
**Sorry, I'm allergic to alcohol and fresh air.
**No thanks, I can get the same effect by taking off my glasses.
**No thanks, I don't drink.

###

According to research scientists, the following people should NEVER drink:

Athletes striving for peak performance;
Pregnant women;
Anyone with a family history of alcoholism;
Workers in jobs affecting public safety;
Workers in jobs requiring thought; and
Anyone who drives.

###

By dialing 1-800-788-2800, a caller can be linked directly to the:

- National Clearinghouse for Alcohol & Drug Information
- Drugs and Crime Data Center and Clearinghouse
- Drug Abuse Information and Referral Hotline
- Drug Free Workplace Hotline
- Drug Information and Strategy Clearinghouse
- National AIDS Clearinghouse
- National Criminal Justice Reference Service¹

###

Call 1-800-729-6686 for the latest catalog of free materials about alcohol and other drugs. Or write the National Clearinghouse for Alcohol and Drug Information, P.O. Box 2345, Dept. PC, Rockville, MD 20852.

###

Some people should not drink alcoholic beverages:

--Women who are pregnant or trying to conceive. Major birth defects have been attributed to heavy drinking by the mother while pregnant. Women who are pregnant or trying to conceive should not drink alcoholic beverages. However, there is no conclusive evidence that an occasional drink is harmful.

--Individuals who plan to drive or engage in other activities that require attention or skill. Most people retain some alcohol in the blood 3 to 5 hours after even moderate drinking.

--Individuals using medicines, even over-the-counter kinds. Alcohol may affect the benefits or toxicity of medicines. Also, some medicines may increase blood alcohol levels or increase alcohol's adverse effect on the brain.

--Individuals who cannot keep their drinking moderate. This is a special concern for recovering alcoholics and people whose family members have alcohol problems.

--Children and adolescents. Use of alcoholic beverages by children and adolescents involves risks to health and other serious problems.

###

"GOVERNMENT WARNING: 1) According to the Surgeon General women should not drink alcoholic beverages during pregnancy because of the risk of birth defects. 2) Consumption of alcoholic beverages impairs your ability to drive a car or operate machinery and may cause other health problems."

--Warning label required by federal law on beer, wine, hard-liquor and wine-cooler containers, effective November 1990.

###

A standard serving of beer, wine and liquor each contains the same amount of alcohol, and each has the same amount of risk. Some people think there is no difference between a wine cooler or a beer and a soft drink. Others think there is less alcohol in a wine cooler or a beer than in other alcoholic beverages.

###

A lot of people think there is less risk in drinking beer or wine than in drinking liquor. They may have heard that the percentage of alcohol is lower in beer (around 5 percent) and wine (12 percent) than in liquor (usually 40 to 50 percent). But they may not know that beer, wine and liquor are also usually served in different sizes (12 ounces for beer; 5 ounces for wine; and 1 1/2 ounces of 80 proof liquor). So it works out that each one has the same amount of alcohol. It's just more diluted in beer and wine than in liquor. Beer, wine, and liquor have the same effect if a person drinks them in a standard size serving and at the same rate.

###

Contrary to earlier belief, high dose use of cocaine can be detected as long as 10 to 22 days after last use.²

###

Cocaine's toxic effects affect the cardiovascular system, resulting in blockages in blood circulation, abnormal heart rhythms, and strokes. Blockage of blood to heart muscle is a significant risk in users even without evidence of coronary artery disease. Cocaine-induced blood pressure increases can produce strokes.³

###

Cocaine withdrawal is characterized by an initial crash or reactive depression, followed by up to several days of markedly increased need for sleep. The third withdrawal phase begins after the extended sleep period and is characterized by lethargy, intense cocaine craving, and an inability to experience pleasure.⁴

###

Although marijuana use has markedly decreased in virtually all segments of the population, it is still the most widely abused of the illicit drugs. The combined effects of marijuana and alcohol used simultaneously are greater than when either is used alone.⁵

###

Over a third of cases identified at emergency rooms as attempted suicides had used sedatives or anti-anxiety agents. Deaths associated with these substances usually occur when they are used in combination with alcohol.⁶

###

In the United States, 28 percent of AIDS patients are intravenous drug abusers who may have contracted the human immunodeficiency virus (HIV), which causes AIDS, by sharing needles with infected persons.⁷

###

Methamphetamine, like cocaine, is a psychomotor stimulant drug. It falls within the amphetamine family, a group of chemically related drugs that produce similar behavioral and physiological effects. These effects include euphoria, increased alertness, the perception of improved self-esteem and self-confidence, impaired judgment, and impulsiveness. Acute and chronic use of methamphetamine typically results in nervousness, irritability, restlessness, and insomnia.⁸

###

Since 1987, the smoking of crystals of very pure methamphetamine ("ice") has become a common method of taking the drug in Hawaii and on the West Coast and is now beginning to appear in the Midwest.⁹

GENERAL

A minimum of 3 out of 100 deaths in the United States can be attributed to alcohol-related causes.¹⁰

###

Adverse social consequences arise as a result of single episodes of drinking, persistent alcohol abuse, and alcohol dependence. These consequences can affect not only the drinker

but also the drinker's family, friends, and associates, as well as others with whom the drinker may come in contact.¹¹

###

In 1987, after 6 successive years of gradual but consistent decline, per capita consumption of alcohol in the United States was at its lowest level since 1970. Nevertheless, alcohol is used by more American than any other drug, including cigarette tobacco.¹²

###

Alcohol affects almost every organ system in the body either directly or indirectly. The liver (the primary site of alcohol metabolism) is susceptible to injury of three major types: fatty liver and alcoholic hepatitis, which may be reversible with abstinence, and cirrhosis, which is irreversible. The encouraging news is that mortality from cirrhosis has been declining steadily since 1973 for reasons that are not yet clear. Nevertheless, cirrhosis mortality was the ninth leading cause of death in the U.S. in 1986.¹³

###

Men who drink two or more drinks a day are twice as likely to die before age 65 than men who drink 12 or fewer drinks a year.¹⁴

###

Women who drink two or more drinks a day are three times as likely to die before age 65 than women who drink 12 or fewer drinks a year.¹⁵

###

Successfully treating alcohol problems costs 10 times less than the current cost of alcohol problems to society.¹⁶

###

Each year, more than 105,000 Americans die from injuries or diseases linked to alcoholic beverages. That works out to nearly 300 alcohol-related deaths a day.¹⁷

###

Heart and blood vessel diseases are common among alcoholics. Recent evidence suggests that these conditions may result from alcohol-induced high blood pressure.¹⁸

###

Drug abusers are four times as likely to be involved in an accident on the job as nonabusers. They are far more likely to have auto accidents and extensive hospitalizations.¹⁹

###

Workers who abuse drugs and alcohol have absenteeism rates at least four times higher than those of nonabusers.²⁰

###

Reports show that drug users function at about 65% of their work potential.²¹

###

Alcoholism and chronic obesity are diseases which are incurable but treatable. Recovery is possible only through a lifelong program designed to arrest the illness.

###

In 1990, Anheuser Busch spent \$184M for advertising one brand of beer -- Budweiser.²²

###

Heavy drinkers are often malnourished because of low food intake and poor absorption of nutrients by the body. Too much alcohol may cause cirrhosis of the liver, inflammation of the pancreas, damage to the brain and heart, and increased risk for many cancers.²³

###

Some studies have suggested that moderate drinking is linked to lower risk for heart attacks. However, drinking is also linked to higher risk for high blood pressure and hemorrhagic stroke.²⁴

###

In a study of flight performance, pilots were given enough alcohol to produce a BAC of at least .10, then observed 14 hours after their last drink, when they had an undetectable BAC. They showed decreases in precision and accuracy on all variables tested. Federal rules prohibit flying within eight hours of consuming any alcohol beverage and while having a BAC of .04 or more.²⁵

###

Alcohol is a drug. Although alcohol is an ingredient of beverages that adults can buy legally, it is also a drug. Alcohol can change how a person thinks, feels and acts. Anyone can become addicted to alcohol if he or she drinks enough of it over a long enough period of time.

###

ALCOHOL FIND-A-WORD

Circle the clue words found in the grid below.

N	A	D	S	A	P	B	D	D	E	H	F	G
Y	H	I	J	L	N	P	B	R	Q	S	R	T
L	U	V	W	X	Y	E	S	U	B	A	Z	A
I	B	O	T	R	E	A	T	N	C	R	D	E
M	F	R	Y	R	G	A	P	K	H	C	I	J
A	L	C	O	H	O	L	K	G	I	R	B	L
F	D	E	N	I	A	L	M	O	Q	S	S	T
U	V	P	R	O	B	L	E	M	S	R	W	X
Y	G	I	R	B	N	J	P	Z	A	B	D	F
G	I	J	O	K	L	A	M	B	E	N	M	O
P	Q	F	U	N	R	I	S	T	N	S	Y	U
V	X	Y	Q	Y	Z	L	C	A	I	B	T	C
S	K	S	I	R	D	F	E	L	W	G	H	I
J	L	M	L	E	C	C	O	G	U	N	S	O
C	A	A	C	V	S	H	P	C	A	B	D	E
F	G	I	K	O	O	O	U	L	O	L	K	P
E	M	I	R	C	B	I	T	G	U	V	N	W
Q	R	S	L	E	E	C	X	Z	A	C	I	D
E	F	A	G	R	R	E	H	I	K	L	R	N
O	I	N	T	O	X	I	C	A	T	E	D	P

ABUSE	LEGAL
ALCOHOL	LIQUOR
ALCOHOLISM	MYTHS
BARS	NADSAP
BEER	NJP
BRIG	PROBLEMS
CAAC	RECOVERY
CHOICE	RISKS
CHUG	SOBER
CLUB	TREAT
CRASH	WINE
CRIME	
DENIAL	
DIVORCE	
DRINK	
DRUNK	
FAMILY	
FUN	
INTOXICATED	
JAIL	

###

ALCOHOL ABUSE/ALCOHOLISM

Alcohol abuse is the use of alcohol to an extent that it has an adverse effect on the user's health, behavior, family, community, the Navy, or leads to unacceptable behavior as evidenced by one or more alcohol incident(s).²⁶

###

An alcohol incident is conduct or behavior, caused by the ingestion of alcohol, which results in discreditable involvement with civil and/or military authorities. Events requiring medical care or involving a suspicious public or domestic disturbance must be carefully evaluated to determine if alcohol was a contributing factor; if so, it is an alcohol incident.²⁷

###

Alcoholism is a family illness; a family is any group of people working together toward a common goal.

###

Over 100,000 people die each year from alcohol-related causes. The average number of years by which their lives are shortened is 26.²⁸

###

In 1990, there were 10.2 million alcoholics and 7.2 million alcohol abusers in the United States.²⁹

###

After heart disease and cancer, alcohol is the biggest public health problem in the United States.³⁰

###

One out of 10 drinkers is an alcoholic, and one out of six drinkers is either an alcoholic or an alcohol abuser.³¹

###

Four of 10 adults in the U.S. have been exposed to the alcoholism of a family member, and this exposure is particularly high among separated and divorced adults.³²

###

In families with at least one alcoholic spouse, the rate of separation and divorce is seven times that of the general population. Alcohol is also a contributing factor in many child and spouse abuse cases.³³

###

Despite a decline in per capita consumption of alcohol during the 1980s, overall alcohol-related morbidity did not decline.³⁴

###

As many as 10.5 million Americans show signs of alcoholism or alcohol dependence, and another 7.2 million show persistent heavy drinking patterns associated with impaired health and/or social functioning. By 1995, alcohol-dependent adults will number 11.2 million, with the number of persistent heavy drinkers remaining the same.³⁵

###

Alcoholism and related problems cost the nation an estimated \$85.8 billion in 1988, \$27.5 billion more than illicit use of other drugs. 39% is attributed to reduced productivity and 33% to mortality losses.³⁶

###

An alcohol-related family problem strikes one of every four American homes.³⁷

###

About a quarter of all hospitalized patients have alcohol-related problems.³⁸

###

Alcohol is closely linked to suicide. Among causes of death in alcoholics, an average of 18% are due to suicide. About 21% of suicide victims are alcohol-dependent.³⁹

###

Off the highway, alcohol contributes to about six million non-fatal and 15,000 fatal injuries at home, at play or in public places.⁴⁰

###

In the workplace, up to 40% of industrial fatalities and 47% of industrial injuries can be linked to alcohol consumption and alcoholism.⁴¹

###

Alcohol is closely connected to the four leading causes of accidental death in the US; auto crashes (about half are alcohol-related), falls (17-53%), drowning (38%), and fires and burns (37-64%).⁴²

###

Al-Anon Family Groups are a fellowship of relatives and friends of alcoholics who share their experience, strength and hope in order to solve their common problems. Most groups maintain telephone directory listings under "Al-Anon."

###

The message of the Al-Anon Family Groups, Al-Anon and Alateen, is one of hope. It is the story of men, women, and children who once felt helpless, lost and lonely because of the alcoholism of a loved one. Today these men, women, and children have courage and confidence. They have found understanding friends. They have learned about the simple things they can do to help themselves, and which indirectly can help their alcoholic relatives, loved ones, and friends, whether sober or not.

###

WOMEN

Women at highest risk for drinking-related problems are unmarried but living with a partner, are in their twenties or early thirties, and/or have a heavy-drinking husband or partner.⁴³

###

Women under age 45 are about 3 times more likely to have lived with an alcoholic while growing up than are women ages 65 years and older. Younger men are nearly twice as likely as older men to have grown up with an alcoholic.⁴⁴

###

Fetal alcohol syndrome (FAS) is one of the top three known causes of birth defects with accompanying mental retardation--and the only preventable cause among those three. FAS can be prevented by abstaining from alcohol consumption during pregnancy.

###

The American Medical Association recognizes alcoholism as a disease which can be arrested but not cured. One of the symptoms is an uncontrollable desire to drink. Alcoholism is a progressive disease. As long as alcoholics continue to drink, their drive to drink will get worse. If the disease is not arrested, it can end in insanity or death. The only method of arresting alcoholism is total abstinence.

###

All kinds of people are alcoholics -- only about three to five percent of alcoholics are "bums" or skid row types.

###

Most alcoholics would like to be social drinkers. They spend a lot of time and effort trying to control their drinking so they will be able to drink like other people. They end up getting drunk even when they had promised themselves they wouldn't.

###

Women make up nearly 35% of the Alcoholics Anonymous (AA) membership.⁴⁵

###

Women frequently use other drugs in combination with alcohol, placing themselves at a higher risk of physical and psychological impairment.⁴⁶

###

Physicians prescribe two thirds of all legal psychoactive drugs to women. More than one million women are dependent on those drugs.⁴⁷

###

Women are now heavily targeted for marketing of alcoholic beverages. Women will spend \$30 billion on alcohol in 1994, compared to \$20 billion in 1984; they consume almost 68% of all wine coolers.⁴⁸

###

If a man and a woman of similar weight drink the same amount of alcohol, 30% more alcohol will enter the woman's bloodstream because women have less of a certain stomach enzyme that digests alcohol. And alcoholic women may lack that enzyme altogether.⁴⁹

###

Even with less alcohol consumption, women are more likely to develop liver disease than men are. Women have a greater risk of dying once the liver has been injured.⁵⁰

###

Up to 74% of alcohol- and drug-dependent women report sexual abuse, including rape and incest.⁵¹

###

Women's drinking and drug problems are often viewed as less serious than men's making proper diagnosis and early intervention and treatment more difficult.⁵²

###

Most treatment programs do not provide child care or adequate alternatives for women entering treatment. This is one of the most significant barriers for women who need help.⁵³

###

YOUTH

The son of an alcoholic father has a one in four chance of being an alcoholic.⁵⁴

###

Adolescents become addicted to alcohol more quickly than do adults because they are still developing physiologically and psychologically. This maturation process continues until approximately 21-24 years of age. An adult may become addicted to alcohol in 5 - 15 years. An adolescent can become addicted in 6 months to 2 years.⁵⁵

###

Youngsters do not drink socially--they usually drink to get bombed or drunk. (Kids themselves admit this.) A pattern of drinking to be buzzed or drunk is one of the early signs of an impending drinking problem.⁵⁶

###

When parents allow their child to drink, they give kids the message that it is okay to break the law. The consumption of alcohol by persons under the age of 21 is illegal. Parental responsibility includes observance of the alcohol consumption law for minor children in a family. The responsibilities of parents can extend to liability for the actions of other minors as well-- those who become intoxicated in their home or on their property.⁵⁷

###

Children of alcoholics have a four times greater risk of developing alcoholism than children of non-alcoholics.⁵⁸

###

Before turning 18, the average child will see 75,000 drinking scenes on television programs. Television may influence children's beliefs about alcohol. Eight- to eleven-year old children who watched a show with drinking scenes were more likely to name alcohol than water as an appropriate adult beverage than were children who watched the same show without the drinking scenes.⁵⁹

###

Alcohol, like other drugs, has a different effect, depending on the person's age and size and on how much alcohol is used. One-third of American adults don't drink alcohol at all. Most adults who do drink use small amounts of alcohol and don't have alcohol problems. But even small amounts of alcohol cause problems for children. Children have less body fluids than adults. The smaller amount of body fluids means that there is less water to dilute the alcohol.

DRIVING

Two out of five people in the United States will be in an alcohol related crash in their lifetime.⁶⁰

###

Alcohol is a depressant drug, and as little as one or two beers begins to put the brain to sleep. The result is that coordination, judgment, reflexes, and emotions are impaired.

When driving, that can mean the difference between a crash and a near hit.⁶¹

###

Alcohol-related car crashes are the most common cause of death among teenagers.⁶²

###

Since 1983 every state has enacted laws raising the minimum age for the purchase or sale of alcoholic beverages to 21. Per capita arrest rates for drunk driving among those age 18-21 have decreased by 14% since then--more than twice the rate of decrease for those 21 to 24.⁶³

###

About two in every five American will be involved in an alcohol-related crash.⁶⁴

###

An alcohol-related traffic fatality occurs every 22 minutes.⁶⁵

###

Traffic crashes are the greatest single cause of death for people age 5 to 32.⁶⁶

###

Two out of every five people in the US will be in an alcohol-related crash in their lifetime.⁶⁷

###

One of every three truck drivers who died in highway accidents had used alcohol or other drugs.⁶⁸

###

The greatest number of fatal motor vehicle accidents for 16- to 19-year-olds occurred at a much lower level of BAC than for those in older age groups.⁶⁹

###

Drivers 16-24 years old represent approximately 17% of all licensed drivers, but are involved in about 36% of all fatal alcohol-related crashes.⁷⁰

CRIME

Federal drug offense convictions went up 213% from 1980 to 1990.⁷¹

###

Of offenders convicted of violent crimes, 54% of the inmates in one survey had used alcohol just before the offense. Broken down into different crimes, that's 68% of inmates convicted on manslaughter charges, 62% on assault, 49% on murder or attempted murder and 52% on rape or other sexual assault.⁷²

###

More than half of the college students who confessed to committing violent crimes on or near campus said they were high on alcohol or drugs when they broke the law. Also, almost half of the victims of violent campus crimes said they were drinking or using other drugs when they were victimized.⁷³

###

The typical narcotic addict commits an average of 178 criminal offenses per year.⁷⁴

###

Preliminary finds from interviews conducted on 285 drug users living in New York City suggest that violence related to illicit drug use results more from involvement in the drug distribution network than from drug-induced violence.⁷⁵

OBESITY

Excessive exercise to either lose weight or to maintain weight loss without a moderation in eating habits at the same time, is not only ineffective as a weight loss regimen, but can often result in injury.

###

Constant dieting, or weight loss and regain through a series of different diets over a lifetime, often is a sign of compulsive overeating, and may require special therapy and counseling to arrest.

###

Constant dieting, or weight loss and regain through a series of different diets over a lifetime can lower metabolic rates and often make excess weight harder to lose.

###

Moderate eating habits, combined with moderate exercise habits, are the key to lifetime weight regulation.

###

Crash diets and fad weight loss plans can result in quick and large weight losses, but usually result in quick regain of the weight, and can be dangerous to your health.

###

Overeaters Anonymous is a self-supporting, world-wide fellowship of men and women who help others who have problems with weight and overeating. It is modeled after the same principles as Alcoholics Anonymous.

###

When evaluating commercial weight loss programs, find out how many of their participants reach their goal weight, how many keep the weight off, and how long do they keep the weight off.

###

The weight loss and maintenance program that you undertake is one you must be able to live with for a lifetime, should be customized to your needs and lifestyle, and should have reasonable goals and expectations.

###

Overeaters Anonymous (OA) is a non-profit, self-help group of individuals who provide support to those who have a desire to stop compulsive overeating. It is based on the principles and 12 steps of recovery of Alcoholics Anonymous (AA). OA is an important part of obesity rehabilitation programs at all Naval Alcohol Rehabilitation Centers/Departments and most Counseling and Assistance Centers for the following reasons: (1) it is free, accepting only voluntary contributions from its membership to cover its expenses; (2) it is available worldwide, and new groups can easily be started at any location (remote geographic locations, onboard ship, etc.); and (3) it works, relieving members who follow its principles from their compulsive need to overeat. A worldwide directory of OA meetings can be obtained by writing

to the World Service Office, 2190 190th Street, Torrance, CA 90504. Most groups also maintain telephone directory listings under "Overeaters Anonymous."

###

OBESITY FIND-A-WORD

Circle the clue words found in the grid below.

E	S	A	E	S	I	D	C	A	K	E
Y	A	D	R	E	C	O	V	E	R	Y
B	D	O	R	E	T	A	E	C	M	D
A	S	O	E	F	S	X	L	A	E	M
D	S	F	B	W	E	I	G	H	T	G
D	E	H	I	R	L	J	K	L	A	M
I	R	P	C	C	A	N	D	Y	B	N
C	T	I	N	O	C	H	P	Q	O	O
T	S	E	R	E	S	C	Y	S	L	I
E	S	T	S	Z	E	A	T	E	I	T
D	O	O	F	A	I	M	I	G	Z	I
U	L	V	A	R	R	O	S	N	E	R
N	I	H	T	G	F	T	E	I	D	T
D	E	N	I	A	L	S	B	B	W	U
X	E	T	A	R	E	D	O	M	Y	N

Addicted	Loss
Binge	Meal
Body	Metabolize
Cake	Moderate
Candy	Nutrition
Denial	Obesity
Diet	Pie
Disease	Recovery
Eater	Scales
Exercise	Stomach
Fat	Stress
Food	Thin
Fries	Weight
Graze	
Lose	

###

Navy obesity rehabilitation programs focus on the three primary elements of nutrition, exercise and lifestyle change.

###

Members who measure in the obese body fat category must be screened by an authorized medical department representative to be diagnosed medically obese.

###

The goal of the Counseling and Assistance Center obesity rehabilitation program is to assist the "non-addicted food abuser" to lose excess body fat and maintain the loss in a gradual, healthful manner by making eating, exercise and lifestyle changes which will become permanent.

###

Experience shows that radical eating restrictions and intense exercise will result in fast short-term weight loss, but can be physically dangerous, can lead to development of bulimia tendencies, and almost always results in eventual regain of the weight over the long term.

###

A weight loss program is much more likely to be successful if you are doing it for you, rather than because your doctor, spouse, friend, or regulations say you should.

###

There are many weight loss programs available, but successful programs include a moderate eating plan, an exercise program and lifestyle changes to provide for an acceptable body fat percent which can be maintained on a permanent basis.

###

After completing an obesity rehabilitation program, an individual remains in a command directed physical conditioning program until the 22 percent (male) or 30 percent (female) standard is achieved.

###

People who are obese/overeater have a greater chance of developing some chronic disorders. Obesity/overeating is associated with high blood pressure, increased levels of blood fats (triglycerides), cholesterol, heart disease, strokes and most common types of diabetes.

###

For Navy purposes, obesity is initially indicated by body fat measurement, but must be diagnosed by an authorized medical department representative.

###

The goal of a sensible weight loss program is to lose one-half to one pound per week.

###

Weight (fat) loss does not occur evenly over time. The pounds shed quickly over the first few weeks will be primarily water loss. After a few weeks, the body reaches a plateau and begins to metabolize fat at a much slower rate.

###

Weighing is an important part of a weight control program, but should not be done too frequently. Since weight fluctuates daily, frequent weigh-ins may discourage even the successful dieter. A good rule to follow would be no more than one weigh-in per month.

###

Chronic obesity has psychological, emotional, physical and spiritual aspects. It shares most of the same characteristics of alcoholism, especially the progressive loss of control of food use/weight/body image, and continued obsessive use of food in spite of adverse consequences.

###

AFTERCARE

Aftercare, a one-year long continuation of Level II or III alcohol abuse/alcoholism or obesity treatment, is mandated by OPNAVINST 5350.4 series.

###

An individual who returns to his/her command from a six-week Level III alcohol or obesity treatment program is not cured. For them, recovery is a life-long process.

###

Alcoholics Anonymous (AA) meeting attendance and 12-step work for the recovering alcoholic is a discipline and requirement as necessary as insulin for the diabetic or exercise and diet for the recovering heart patient.

###

A quarterly progress review, attended at a minimum by the aftercare member, the Drug and Alcohol Program Advisor (DAPA) and the C.O., is mandated by OPNAVINST 5350.4 series.

###

Aftercare is not a stand-alone program. It is part of a process which includes: (1) the harmful involvement with alcohol or food; (2) the formal treatment period; (3) the formal after-care phase (which is, in fact, a continuation stage of treatment); and (4) the life-long continuing maintenance of recovery.

###

Aftercare counseling enables members to work through living problems as well as problems arising from alcohol or other drug abuse or obesity.

###

Aftercare is "risk insurance" -- a means of working through problems to avoid a relapse into the active portion of alcoholism or chronic obesity.

###

Behaviors and attitudes do not change overnight to remain that way without continued effort and discipline on the part of the aftercare member in the total recovery process.

###

FEATURES

[Editor note: may run all together or a few per issue]

ARE YOU AWARE?

A quiz to test your knowledge of the danger of drugs.

1. What is the most commonly used drug in the United States?
 - A. heroin
 - B. cocaine
 - C. alcohol
 - D. marijuana
2. Name the three drugs most commonly used by children.
3. Which drug is associated with the most teenage deaths?
4. Which of the following contains the most alcohol?
 - A. a 12-oz. can of beer
 - B. a cocktail
 - C. a 12-oz. wine cooler
 - D. a 5-oz. glass of wine
 - E. all contain equal amounts of alcohol
5. Crack is a particularly dangerous drug because it is:
 - A. cheap
 - B. readily available
 - C. highly addictive
 - D. all of the above
6. Fumes from which of the following can be inhaled to produce a high:
 - A. spray paint
 - B. model glue
 - C. nail polish remover
 - D. whipped cream canisters
 - E. all of the above
7. People who have not used alcohol and other drugs before their 20th birthday:
 - A. have a risk of becoming chemically dependent
 - B. are less likely to develop a drinking problem or use illicit drugs
 - C. have an increased risk of becoming chemically dependent
8. A speedball is a combination of which two drugs?
 - A. cocaine and heroin

- B. PCP and LSD
- C. valium and alcohol
- D. amphetamines and barbiturates

9. Anabolic steroids are dangerous because they may result in:

- A. development of female characteristics in males
- B. development of male characteristics in females
- C. stunted growth
- D. damage to the liver and cardiovascular system
- E. over-aggressive behavior
- F. all of the above

10. How much alcohol can a pregnant woman safely consume?

- A. a 6-oz. glass of wine with dinner
- B. two 12-oz. beers each day
- C. five 4-oz. shots of whiskey a month
- D. none

###

Answers:

1. (c) Because it is legal for adults and widely accepted in our culture; alcohol is the drug most often used in the United States.

2. Alcohol, tobacco and marijuana. These are the "gateway" drugs, drugs that children are first exposed to and whose use often precedes use of other drugs.

3. Alcohol. More than 10,000 teenagers died in alcohol-related traffic crashes in 1986; 40,000 more were injured.

4. (e) All four contain approximately 1.5 ounces of alcohol.

5. (d) Small quantities of crack can be bought for as little as \$5.00. The low price makes it easily affordable to young people. In addition, crack is thought to be one of the most addictive drugs.

6. (e) Virtually anything that emits fumes or comes in aerosol form can be implied to obtain a high.

7. (b) Early use of alcohol and other drugs--often by age 15 or less--is strongly associated with drug-related problems such as addiction.

8. (a) Combining cocaine and heroin is increasingly popular as a way of trying to lessen or control bad side effects.

9. (f) Steroid users subject themselves to more than 70 side effects. The liver and cardiovascular and reproductive systems are most seriously affected by steroid use. In females, irreversible masculine traits can develop. Psychological effects in both sexes can cause very aggressive behavior and depression.

10. (d) Medical researchers have not established any safe limits for alcohol intake during pregnancy.

###

ENABLING: WHEN HELPING IS NOT HELPING

Enabling describes an action taken by a concerned person that removes or softens the effect of the harmful consequences of chemical use upon the user. Enabling prolongs the illness of chemical dependency by hiding the symptoms (e.g., harmful consequences) from the chemically dependent person. Enabling seems like it should help, but it only makes things worse. Some examples of enabling include:

--Ignoring the chemical dependence because they get angry and defensive when you talk about it.

--Using drugs/alcohol along with them.

--Accepting the blame for the user's problem.

--Giving them "one more chance," then another, and another.

--Helping to cover up the use.

--Lying or making excuses for them to friends and supervisors.

--Bailing them out of jail.

--Taking over their responsibilities.

--Lending them money.

The chemically dependent person helps you to maintain your enabling habit, because he or she needs you to support the denial system. The dependent person becomes adept at using your guilt, fear and love to maintain your habit of enabling.

Enabling must stop in order for chemically dependent people to see the problem. You are helping them to stay sick. Enabling is a habit that is hard to break. Some ways to stop enabling include:

--Educate yourself about chemical dependency and how it can affect you.

--Get help for yourself from a self-help group such as Al-Anon, Families Anonymous, or from the command Drug and Alcohol Program Advisor (DAPA), or Counseling and Assistance Center (CAAC).

--Talk to a professional who understands chemical dependency and co-dependency.

--Stop covering up for the user.

--Stop assuming the responsibilities of the user.

--Don't allow the chemically dependent person to lie to you and accept it as the truth.

--Don't accept promises that he/she won't act that way again.

--Do insist that the chemically dependent person get help and be prepared to back it up with action if he/she refuses.

It is important for the family members or friends or shipmates to realize that chemical dependency is a progressive illness that will only get worse unless some action is taken to get help and arrest the disease.

###

GUIDELINES ON ALCOHOL CONSUMPTION

Based on the Dietary Guidelines for Americans set by the Department of Health and Human Services and the Department of Agriculture, the Office of Substance Abuse Prevention has developed the following guidelines on alcohol consumption.

Adults who are considering drinking alcoholic beverages should have only low-risk drinking as a goal, if they choose to drink. The lowest risk is not to drink, which should always be acceptable. Adults who elect to drink should limit their consumption to, for women, no more than one drink per day and, for men, no more than two drinks per day. Underage youth should not drink.

These circumstances place drinkers at high risk for health, social, and/or legal consequences:

1. If underage;
2. If pregnant, nursing, or trying to conceive;
3. If driving or engaging in other activities that require attention, judgment or skill;
4. If taking medication that interacts with alcohol;
5. If recovering from alcohol or other drug dependence;
6. If drinking to intoxication;
7. If one cannot keep one's drinking moderate.

WHAT IS MODERATE DRINKING?

Women



**No more
than 1 drink
a day**

Men



**No more
than 2 drinks
a day**

WHAT IS ONE DRINK?

**1.5 ounces of
distilled
spirits
(80 proof)**



**5 ounces
of wine**



**12 ounces
of
regular
beer**

TIPS FOR SAFE PARTIES

Parties should be for fun. Take care of your friends, your family and yourself by following these simple guidelines:

For Hosts:

Do not let someone who has been drinking drive. Arrange for him or her to sleep in your home or to ride with a sober driver.

Provide your guests with an attractive selection of non-alcoholic beverages. Remember that about one-third of all adults in the U.S. abstain from drinking completely for a variety of reasons.

Never serve alcohol to anyone under the age of 21, for whom it is an illegal drug. Remember that your responsibility for drinking by underage guests lasts beyond the time they are in your home.

Provide your guests with nutritious food. Eating will slow alcohol's effects.

Appoint a bartender to monitor guests' drinking and serve measured, standard drinks rather than doubles or specials. Guests can better control their drinking when they are drinking amounts with which they are familiar.

Do not serve alcohol to an intoxicated guest. Offer him/her a non-alcoholic drink, but remember that nothing can sober up a person immediately. It takes the human body approximately two hours to metabolize each ounce of alcohol; coffee or a cold shower only creates a wide-awake drunk.

Choose fruit juices instead of carbonated mixers.

Carbonation speeds alcohol absorption.

Be sure that drinking does not become the primary focus or activity of your party.

Stop serving alcohol at least one hour before the party ends.

For Guests:

Do not drink if: you are pregnant or trying to conceive; you are using medicine of any kind; or you have had difficulty keeping your drinking moderate in the past.

Feel free to refuse alcohol for any reason, regardless of pressure or encouragement to drink.

Do not drink if you are under 21. Alcohol poses a number of serious health risks. In addition, it is for this age group an illegal drug.

If you drive, do not drink; if you drink, do not drive. There is no safe level of alcohol for drivers because everyone reacts differently to alcohol on different occasions. Do not ride with drivers who have been drinking.

Eat before and during occasions when you are drinking.

If you are a woman, remember that alcohol will have a greater effect on you than it will on a man of your weight.

###

What Are The Signs Of Alcoholism?

Here is a self-test to help you review the role alcohol plays in your life. These questions incorporate many of the common symptoms of alcoholism. This test is intended to help you determine if you or someone you know needs to find out more about alcoholism; it is not intended to be used to establish the diagnosis of alcoholism.

YES NO

- | | | |
|-----|-----|--|
| ___ | ___ | 1. Do you ever drink heavily when you are disappointed, under pressure or have had a quarrel with someone? |
| ___ | ___ | 2. Can you handle more alcohol now than when you first started to drink? |
| ___ | ___ | 3. Have you ever been unable to remember part of the previous evening, even though your friends say you didn't pass out? |
| ___ | ___ | 4. When drinking with other people, do you try to have a few extra drinks when others won't know about it? |
| ___ | ___ | 5. Do you sometimes feel uncomfortable if alcohol is not available? |
| ___ | ___ | 6. Are you in more of a hurry to get your first drink of the day than you used to be? |
| ___ | ___ | 7. Do you sometimes feel a little guilty about your drinking? |
| ___ | ___ | 8. Has a family member or close friend ever expressed concern or complained about your drinking? |
| ___ | ___ | 9. Have you been having more memory "blackouts" lately? |
| ___ | ___ | 10. Do you often want to continue drinking after your friends say they've had enough? |
| ___ | ___ | 11. Do you usually have a reason for the occasions when you drink heavily? |
| ___ | ___ | 12. When you're sober, do you sometimes regret things you did or said while drinking? |
| ___ | ___ | 13. Have you tried switching brands or drinks, or following different plans to control your drinking? |

- ___ 14. Have you sometimes failed to keep promises you made to yourself about controlling or cutting down on your drinking?
- ___ 15. Have you ever had a DWI (driving while intoxicated) or DUI (driving under the influence of alcohol) violation, or any other legal problem related to your drinking?
- ___ 16. Do you try to avoid family or close friends while you are drinking?
- ___ 17. Are you having more financial, work, school and/or family problems as a result of your drinking?
- ___ 18. Has your physician ever advised you to cut down on your drinking?
- ___ 19. Do you eat very little or irregularly during the periods when you are drinking?
- ___ 20. Do you sometimes have the "shakes" in the morning and find that it helps to have a "little" drink, tranquilizer or medication of some kind?
- ___ 21. Have you recently noticed that you can't drink as much as you used to?
- ___ 22. Do you sometimes stay drunk for several days at a time?
- ___ 23. After periods of drinking do you sometimes see or hear things that aren't there?
- ___ 24. Have you ever gone to anyone for help about your drinking?
- ___ 25. Do you ever feel depressed or anxious before, during or after periods of heavy drinking?
- ___ 26. Have any of your blood relatives ever had a problem with alcohol?

Any "yes" answer indicates you may be at greater risk for alcoholism. More than one "yes" answer may indicate the presence of an alcohol-related problem or alcoholism, and the need for consultation with an alcoholism professional. To find out more, contact your Drug and Alcohol Program Advisor, _____

(Name, bldg/section, room, phone #)

###

LSD (LYSERGIC ACID DIETHYLAMIDE)

Classification: Hallucinogen

Street Names: LSD, acid, Mr. Natural, microdot, purple haze, sunshine, sugar cubes, green and red dragon, crackers

Effects/Symptoms: Distortion of perception, sensory illusions, hallucinations, restlessness, sleeplessness. Last eight to twelve hours.

Marketed as: Pills, thin squares of gelatin ("window panes"), impregnated on paper ("blotters")

Dependence: Physical: None Psychological: Unknown

What to look for: Dilated pupils, flushed face, chills, occasional convulsions, erratic behavior, confusion

LSD is a substance derived from the ergot fungus which grows on rye or from lysergic acid amide, a chemical found in morning glory seeds. It is illegally produced in private laboratories specifically for the illicit drug market.

Hallucinogens alter the function of the human brain; they principally produce a wide variety of illusions and hallucinations which can include dizziness, intensification of light, streams of colors and kaleidoscopic images, "seeing" sounds, "hearing" colors, and distortions in direction, distance and time. These illusions can be pleasant or "mind-expanding," but they also can be frightening or even violent.

Many users believe the drug enlightens insight and creativity, but studies have shown that individual creative capabilities are not significantly increased. In fact, the drug may diminish creativity by reducing motivation to work and execution of creative ideas. While there is no proof of physical dependence, recurrent use produces tolerances inviting the use of greater amounts. Since the sources of LSD are illicit, the user has no way of knowing the quality or dosage of the drug.

The effects of hallucinogens on individuals vary and are unpredictable; persons under the influence should be closely supervised to keep them from harming themselves or others.

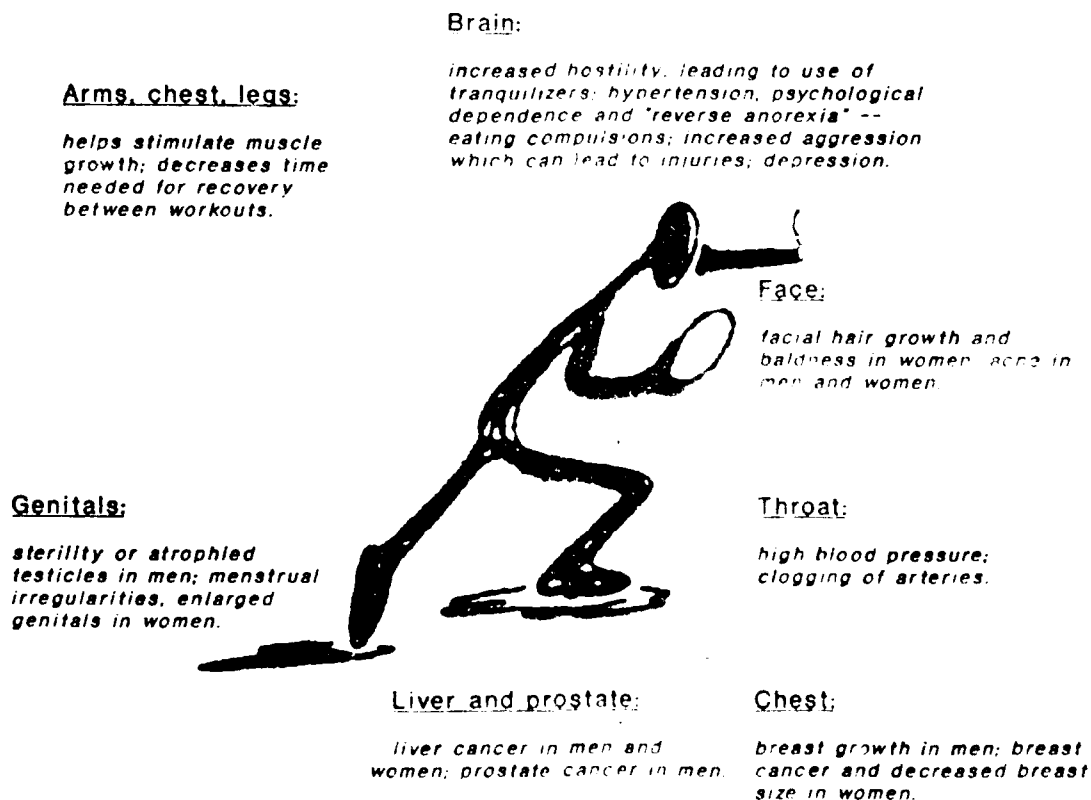
###

ANABOLIC STEROIDS

Anabolic steroids are a synthetic form of the male hormone testosterone. Some common brand names are Anadrol, DecaDurabolin, and Anavar. They're nicknamed "roids" and "juice." Anabolic steroids should not be confused with the often used, medically prescribed cortisone steroids. Professional and amateur athletes use anabolic steroids to make muscles larger, enhance performance, stamina and endurance, and to mask the pain of injury. Anabolic steroids have invaded high schools -- some teens are using them to augment their natural growth process (to "improve" their physical appearance).

Anabolic steroids can be taken in tablet form or by injection. Even though the risk of AIDS and infection from dirty needles is great, most athletes prefer the injection method. Rarely used in approved medical settings, anabolic steroids now come from the black market -- made in clandestine and foreign labs or diverted from a legal market (theft, resale, or fraudulent prescriptions).

Most times, the cost of winning at any cost is too high! Side effects of anabolic steroid use can include:



"My strength isn't my strength anymore. My strength is my heart. If you're on steroids or human growth hormones, stop. I should have."
Lyle Alzado, Sports Illustrated, 8 Jul 91

ALCOHOL

Alcohol is the intoxicating ingredient in beer, wine, and distilled spirits. In medical terms, it is a depressant. Its use is wide-spread in this country, and the resulting social acceptance of alcohol and alcoholism may contribute to problem drinking in our society.

Alcohol enters the bloodstream through the stomach and intestines, circulating rapidly to most body cells and organs. The central nervous system and the spinal cord are the first areas affected.

All alcoholic beverages have basically the same effects on the body, regardless of the type of drink -- the only important factor is the actual amount of alcohol taken into the system. "Sobering up" is accomplished by the liver metabolizing the alcohol which is subsequently eliminated from the body. This process normally takes about 1 1/2 hours per drink and cannot be speeded up by drinking black coffee or taking cold showers.

Immediate symptoms of intoxication caused by over consumption of alcohol can include poor judgment, lack of coordination, slurred speech, blurred vision, and coma. Potential long-term effects of alcoholism on the body include: serious damage to the brain, nervous system, and major organs; impotency, blackouts, and death (from such causes as cirrhosis, suicide, murder, and auto crashes).

Some signs of alcoholism are: the need to drink before confronting certain situations; frequent intoxication; a steady increase in the amount of alcohol consumed; solitary drinking; early morning drinking; denial of drinking; family disruptions over drinking; blackouts or temporary amnesia; and continuing to drink despite adverse consequences from drinking.

###

AMPHETAMINES

Classification: Stimulant, upper

Street Names: Speed, meth, crystal, crystal meth, crank, bennies

How Taken: Ingested, smoked, injected

Effects/Symptoms: Increased alertness, excitability, euphoria, increased pulse rate and blood pressure, insomnia, loss of appetite. Effects last four to six hours.

Varieties/Derivatives: Pills, powder, rock

Dependence: Physical: High Psychological: High

What To Look For: Excitability, anxiety, agitation, racing thoughts, lack of appetite

Amphetamines are synthetic chemical stimulants, produced in two chemical forms -- amphetamine and methamphetamine. They were once widely used medically to control appetite and to treat mild depression, but are now generally restricted to short term use.

Easily manufactured, amphetamines are competing with cocaine as a favored drug of abuse. They directly affect the central nervous system by speeding up its actions -- producing racing thoughts, distractions, and risk taking. The most sought-after symptoms are euphoria, postponement of fatigue, increased energy and alertness, and decreased appetite. They are widely used by drivers and others working long hours, by students studying for exams, and, in some cases, by criminals to bolster their courage before committing a crime. Abusers tend to be accident prone and are especially dangerous on the highways; since the drug's effects mask fatigue, abusers often exceed their physical endurance without realizing it until it is too late. As the effects wear off, severe fatigue and drowsiness occur.

Repeated or continuous use can lead to psychotic reactions and bizarre behavior.

Illicit amphetamines are most frequently found in tablet and capsule form; the tablets vary widely in color, size, and shape. Amphetamines also have recently become available in "rock" form that can be used in place of cocaine.

Methamphetamine has a greater psychological effect than amphetamines. Abusers usually inject "meth" or "speed" intravenously.

###

COCAINE

Classification: Stimulant; local anesthetic

Street Names: Coke, snow, flake, toot, old lady, blow, girl, wiff, crack, rock

How Taken: Sniffed, injected, smoked (free-base)

Effects/Symptoms: Increased alertness, excitation, euphoria, increased pulse rate and blood pressure, insomnia, loss of appetite. Effects last one to two hours.

Dependence: Physical: Likely Psychological: High

What To Look For: Excitability, anxiety, nausea, hallucinations, dilated pupils, nasal congestion

Cocaine is the most potent stimulant of natural origin. It is derived from the leaves of the coca plant, which is indigenous to the Andes Mountains in South America. Cocaine has been used medically since the late 19th century for eye, nose and throat surgery because of its unique ability to numb and inhibit bleeding by constricting blood vessels.

Cocaine is distributed as a white crystalline powder, which is usually placed on a smooth surface and cut with a razor blade. Other ingredients, such as lactose and dextrose, are used in the cutting process to reduce the purity of the drug.

The most widespread method of consuming cocaine is by "snorting." Thin lines of cocaine are measured out and sniffed into a nostril with the aid of a straw or paper money rolled into a tight roll. The smoking of cocaine is increasing at a very high rate.

To enhance the potency and effects, cocaine powder is converted into its free-base form and smoked. Ready-to-use freebase cocaine has appeared in the form of "crack" or "rock," a potent and deadly form of cocaine. To process cocaine into crack, cocaine is mixed with ether and sodium hydroxide, or baking powder. The salt base dissolves and granules of cocaine are left. The granules are smoked in a glass pipe. Heat is applied to vaporize the freebase which is inhaled.

One major symptom of frequent cocaine abuse is nasal congestion similar to the common cold. Once regarded as a so-called recreational drug, cocaine is now regarded as a deadly drug that causes anxiety, seizures, restlessness, paranoia, and death. The withdrawal symptoms of cocaine abuse include nausea, irritability, depression, disorientation, and disturbed sleeping patterns, and may persist for many months after last use of drug.

MARIJUANA

Classification: Psychoactive; intoxicant

Street Names: Grass, weed, herb, pot, joint, THC, roach, Mary Jane, reefer, tea

How Taken: Smoked most common, baked in food

Effects/Symptoms: Euphoria, relaxed inhibitions, increased appetite, disoriented behavior, effects last two to four hours

Varieties/Derivatives: Columbian, Panama Red, Acapulco Gold, Sinsemilla, Home Grown

Dependence: Physical: possible Psychological: common

What To Look For: Restlessness, dreamy state, reddened eyes, glassy eyes, fragmented thoughts, impaired memory, dulling of attention, illusion of heightened insight

As a drug of abuse, marijuana is usually smoked as a loosely rolled cigarette or "joint," but a traditional pipe, waterpipe, or bong can also be used. Its use can leave a strong odor of burnt rope on clothing, particularly wool outer garments. Symptoms of marijuana intoxication can include a dreamy, relaxed state, restlessness, and frequent hunger, especially a craving for sweets.

While marijuana is the most familiar form of cannabis, hashish ("hash") is a drug-rich resinous secretion of the cannabis plant; it is usually compressed into cakes or cookie-like sheets and smoked in small brass pipes. THC concentration in hashish can be as high as 10% while it usually varies between 4% and 7% in marijuana.

Symptoms of intoxication may not be noticeable to an observer, but common doses can produce impairment of many functions (driving, operating machinery, etc.) for periods of eight hours or longer. High doses may result in image distortions, a loss of personal identity, fantasies, and hallucinations. Extremely high doses may result in toxic psychosis. Despite previous reports to the contrary, several scientific studies have documented the dependence-producing properties of cannabis. An additional unseen danger arises from the possibility of substances such as heroin, PCP or cocaine having been sprayed on the leaves to enhance or alter the marijuana high.

Reported withdrawal syndrome is characterized by sleep loss, irritability, restlessness, hyperactivity, sudden weight loss, and increased eye pressure.

PCP (PHENCYCLIDINE)

Classification: Hallucinogen, veterinary anesthetic

Street Names: Killer weed, K.W., green, angel dust, K, evil weed, parsley, PCP, peace pill

How Taken: Smoked

Effects/Symptoms: Body image distortion, dizziness, double vision, paranoia, depression. Effects last from several hours to days

Varieties/Derivatives: White powder, sprayed on parsley, mint leaves, tobacco, marijuana

Dependence: Physical: possible Psychological: high

What To Look For: Difficulty in walking or talking, confusion, lack of attention, nausea, repetitive behavior

Phencyclidine (PCP) was first synthesized in the 1950's as a human anesthetic, but its adverse side effects caused its use to be discontinued. Its only legal use was in veterinary medicine. However, because it is so easy to manufacture, PCP is readily obtainable on the street. Indeed, it is often substituted in drug sales for THC, mescaline or cocaine.

As with all psychoactive drugs, its effects vary with circumstances. Most users agree, however, that PCP is different from any other drug. They report sensations of being in another world -- a fantasy world, sometimes pleasant and sometimes not. They may appear confused and agitated but at the same time will have a blank staring expression. They may appear drunk because their coordination has been affected and they have difficulty walking. Speech is often confused and vision distorted. Thinking, remembering, and making decisions can be very difficult. Fatal accidents can occur; users have fallen out of a window or off a roof due to distortion of balance and heights; disorientation can cause drowning in even a small amount of water, unable to locate air.

When the drug's effects wear off, users often feel mildly depressed, irritable and alienated from their surroundings. Violent and aggressive behavior may be displayed. Higher doses of PCP can induce stupor or coma lasting a few days or even weeks. Long-term users are subject to recurring bouts of anxiety, depression and violent behavior. PCP induced psychosis has been reported.

###

NARCOTICS

Classification: Narcotic, analgesic

Street Names: Smack, horse, junk, black tar

How Taken: Injected, smoked

Effects/Symptoms: Constricted pupils, drowsiness, shallow breathing

Varieties/Derivatives: White to dark brown powder, tar-like

Dependence: Physical: high Psychological: high

What To Look For: Constricted pupils, spaced-out look, drowsiness, nodding off, track marks

Narcotics, usually in the form of heroin, have been widely abused for the last 50 years. Used in medicine as potent analgesics, narcotics initially produce a strong feeling of euphoria. This is usually followed by drowsiness, with some users experiencing nausea and vomiting, constricted pupils, watery eyes and itching. An overdose may produce slow and shallow breathing, clammy skin, convulsions, coma and possibly death.

Tolerance to the effects of narcotics develops rapidly, requiring larger and larger doses. Dependence and addiction are likely with repeated use. The use of contaminated syringes has been associated with the transmission of AIDS, endocarditis and hepatitis.

Although heroin is the most common narcotic available on the street, addicts can obtain a variety of prescription drugs that produce similar effects, such as morphine, codeine, methadone, meperidine (Demerol), dilaudid and paregoric. Some very potent forms of the narcotic fentanyl have appeared as "designer drugs," but several deaths attributed to their use appear to have reduced their availability.

An associated problem with narcotic addiction is the high cost of supporting the habit. This cost leads to criminal behavior such as robbery or prostitution.

###

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